



**Thomas Jefferson Health District  
Environmental Health Services  
(434) 972-6259 (Phone)  
(434) 972-6221 (FAX)**

**REQUEST FOR HEALTH DEPARTMENT INSPECTION**

**Please send or FAX this request well in advance of when inspection is needed.  
The department has up to 30 days to conduct an inspection upon receipt of request.**

Name of facility: \_\_\_\_\_

Street address: \_\_\_\_\_

City, ZIP \_\_\_\_\_

Name of contact: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

e-mail (optional): \_\_\_\_\_

Directions to facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of facility:      Licensed child care/preschool/school/program  
   ☐ prepares/serves meals  
   ☐ does not serve meals (i.e., serves snacks only or none at all)  
   Religious exempt child care/preschool/school/program  
   ☐ prepares/serves meals  
   ☐ does not serve meals (i.e., serves snacks only or none at all)  
   Adult care facility/program  
   ☐ prepares/serves meals  
   ☐ does not serve meals (i.e., serves snacks only or none at all)  
   Other \_\_\_\_\_

***NOTE: If your facility operates from a private well, you must provide a copy of a recent water sample report at the time of inspection.***